

7-1940
Registration District No. **784**

Primary Registration District No. **100**

Registrar's No. **2223**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Brentwood**
(c) Name of hospital or institution:
8950 Manchester - Southwood Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) **3**

3. (a) PRINT FULL NAME **Lura Bruce**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 27, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **29** If less than one day hr. min.

9. Birthplace **PUTNAM CO. - MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dressmaker**

11. Industry or business **Self**

12. Name **John Bruce**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Agee**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. F.G. Chapin**

(b) Address **8050 Teasdale Avenue**

17. (a) **Burial** (b) Date thereof **11/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontain Cemetery**

18. (a) Signature of funeral director **Shepard Funeral Home**
(b) Address **1167 Hamilton Avenue**

19. (a) **NOV 26 1940** (b) **R. M. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
Overland
(c) City or town _____
(If outside city or town limits, write "RURAL")
9119 Midland Avenue
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **25**, 1940
year **12** hour **50** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1 hr.?**

Due to **Atherosclerotic Heart Disease** yrs.?

Due to _____
Other conditions **Healingotts fracture left leg** 10-31-40
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **J. D. M.**
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: **Struck by**

(a) Accident, suicide, or homicide (specify) **Accident Automobile**

(b) Date of occurrence **10-31-40**

(c) Where did injury occur? **St. Louis Co. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? **no** (Specify type of place) (e) Means of injury **Struck by auto**

23. Signature **J. Shuston** (M. D. or D. O.)
Address **6300 [Signature]** Date signed **11-26-40**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No..... *1122*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.